Revision: MAY 1985

Revision: HCFA-PM-85-3

(BERC)

- SUPPLEMENT 3 TO ATTACHMENT 2.6-A

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Limited to those recognized under State Law

OFFICIAL

TN No. 86-2a

Supersedes
TN No. _---

Approval Date

2

Effective Date 4/1/86

HCFA ID: 4093E/0002P